Kentucky Department of Education Nutrition & Health Services 2545 Lawrenceburg Road Frankfort, KY 40601 Form CACFP-FDCH (Rev. 07-2005)

## **FAMILY DAY CARE HOMES**

# REPORT AND CLAIM FOR REIMBURSEMENT

(Due 30 Days After Close of Claim Month)

You must submit a list of homes participating this month in order for your claim to be submitted for payment.

SECTION I				
PLACE LABEL HERE		m Period	No. Homes Total Days	Food Served This Mo.
		(2)	(3)	(4)
(1)				
Read instructions on reverse carefully before completing form.	(month)	(year)		
SECTION II – Tier I Homes		SECTION III - Tier II Homes		
Number of Tier I Homes (5) ADA (6)		Number Tier II Homes (14) ADA (15)		
(7) Breakfast		(16) Breakfa	ast	
8) AM Snack		(17) AM Snack		
(9) Lunch		(18) Lunch		
(10) PM Snack		(19) PM Sn	ack	
(11) Supper		(20) Supper		
(12) LN Snack	LN Snack		nck	
(13) TOTAL		(22) TOTAL		
SECTION IV – Mixed Tier Homes				
(23) Number of Homes Claiming Tier I and Tier II Mixed Rates (24) ADA				
Number Tier I Meals Number Tier II Meals				als
(25) Breakfast		(32) Breakfa	ast	
(26) AM Snack		(33) AM Sn	ack	
(27) Lunch		(34) Lunch		
(28) PM Snack		(35) PM Sn	ack	
(29) Supper		(36) Supper		
(30) LN Snack		(37) LN Sna	nck	
(31) TOTAL		(38) TOTAL		
SECTION V				
(39) Program Administrative Cost (32)	Program Incor	me		
I certify that the information on this claim is true and correct to the best of my knowledge, that records are available to support this claim; that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal				
funds and that deliberate misrepresentation may subject me to prosecution under applicable federal criminal statues.				
ORIGINAL Signature of Sponsor Representative	Title		Date	Phone Number of Person Preparing Claim

### FAMILY DAY CARE HOME CLAIM INSTRUCTIONS

#### INSTRUCTIONS FOR COMPLETING REPORT AND CLAIM FOR REIMBURSEMENT

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim WILL BE RETURNED FOR CORRECTION if not properly completed. Ensure that you round all amounts to the nearest dollar and THAT THE CLAIM IS SIGNED.

Two copies of each monthly report/claim are to be prepared. One copy is to remain on file at the sponsor's office; one copy is to be sent to the Division of Nutrition & Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

All reports/claims should be mailed or faxed to the State Agency within 30 days of the close of the month. Payments are processed twice a month (on or around the 15<sup>th</sup> and 30<sup>th</sup>).

#### **SECTION I:**

- Item (1) Place sponsor label here (should contain 9-digit sponsor number, name and address).
- Item (2) Enter two digits for month and four digits for year for which claim is applicable.
- Item (3) Enter total number of homes operating this month.
- Item (4) Enter total number of days food service was provided during the month.

#### **SECTION II – Tier I Homes:**

- Item (5) Enter number of Tier I Homes.
- Item (6) Enter ADA for Tier I Homes.
- Item (7) Enter total number of Breakfasts served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (8) Enter total number of AM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Lunches served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (10) Enter total number of PM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (11) Enter total number of Suppers served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (12) Enter total number of LN Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (13) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

#### **SECTION III – Tier II Homes:**

- Item (14) Enter number of Tier II Homes.
- Item (15) Enter ADA for Tier II Homes.
- Item (16) Enter total number of Breakfasts served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (17) Enter total number of AM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (18) Enter total number of Lunches served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (19) Enter total number of PM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (20) Enter total number of Suppers served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (21) Enter total number of LN Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (22) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

#### **SECTION IV – Mixed Tier Homes:**

- Item (23) Enter number of homes claiming Tier I and Tier II Mixed Rates
- Item (24) Enter ADA for Mixed Tier Homes.
- Item (25) Enter total number of Breakfasts served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (26) Enter total number of AM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (27) Enter total number of Lunches served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (28) Enter total number of PM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (29) Enter total number of Suppers served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (30) Enter total number of LN Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (31) Enter total number of Tier I meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (32) Enter total number of Breakfasts served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (33) Enter total number of AM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (34) Enter total number of Lunches served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (35) Enter total number of PM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (36) Enter total number of Suppers served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (37) Enter total number of LN Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (38) Enter total number of Tier II meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.

#### **SECTION V:**

- Item (39) Enter Program Administrative Cost for the month.
- Item (40) Enter Program Income for the month.

An authorized sponsor representative should sign, title and date the claim and provide their phone number. Claim must be submitted with an original signature.